

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc	71000	8-20-10
O.I.P.E. CLASSIFIER		15	5-30-99
FORMALITY REVIEW	59573		9-7-99

INDEX OF CLAIMS

☒ Rejected N Non-elected
☐ Allowed I Interference
 - (Through numeral) Canceled A Appeal
☐ Restricted O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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